



PTO/SB/83 (09-03)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/816,456
Filing Date	03/31/2004
First Named Inventor	Lu
Art Unit	2165
Examiner Name	Veillard, J.
Attorney Docket Number	017887-010510US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests to transfer matter

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Brinks Hofer Gilson & Lione				
Address	NBC Tower Suite 3600				
Address	455 N. Cityfront Plaza Drive				
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Country	United States of America				
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Name	Philip H. Albert				
Signature				Registration No.	35,819
Date	October 20, 2005				

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.